

# SPRING BREAK CAMP 2021

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Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: Male or Female (circle one)

School: \_\_\_\_\_

Prim Guardian Name: \_\_\_\_\_

Prim Guardian Email: \_\_\_\_\_

Prim. Guardian Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Prim. Guardian Primary Phone: \_\_\_\_\_

Prim. Guardian Secondary Phone: \_\_\_\_\_

Sec. Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Allowed to pick up?  Yes or  No Same address as above?  Yes or  No

Sec. Guardian Primary Phone: \_\_\_\_\_

Sec. Guardian Secondary Phone: \_\_\_\_\_

Emergency Contact/Pick Up #1 Name: \_\_\_\_\_

Emergency Contact #1 Best Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List necessary medical info about child: \_\_\_\_\_

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## ADA COMPLIANCE

To participate in this program, the participant, \_\_\_\_\_, needs a modification because of a disability.  No or  Yes

If you indicate a need for support, our staff will contact you to see what Greenville County can do.

## **Please complete: (circle location)**

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Brutontown CC

Freetown CC

Mt. Pleasant CC

Staunton Bridge CC

Sterling CC

Phillis Wheatley CC

Choose one:  Walker or  Pick up

I have read and do understand the enrollment and registration process. I understand that payment for services is due at the time of registration. **I agree to read, review, and abide by the parent handbook available on the website or I can request a copy from staff.** I agree that all of the information presented above is true and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_